

Atty. Dkt. No. SALK1650-2
(088802-2753)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Marc R. Montminy

Title: METHODS FOR TREATING
DIABETES MELLITUS

Appl. No.: 09/515,276

Filing Date: 02/29/2000

Examiner: D. Wortman

Art Unit: 1648

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Washington, D.C. on the date below.

Stephen E. Reiter, Reg. No. 31,192
(Printed Name)

Stephen E. Reiter
(Signature)

5/15/02
(Date of Deposit)

Handwritten notes: #4-11 Appeal & SM-Entity Status 5/20/02

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the Examiner finally rejecting Claims 1-7, 12 and 17 in the final rejection dated 12/17/01.

☒ [X] Applicant claims small entity status.

☒ [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ [X] Notice of Appeal Fee

☒ [X] To be paid as detailed below

☐ [] Not required (Fee paid in prior appeal)

05/21/2002 CTH0962 00000003 500872 09515276
01 FC:219 160.00 CH

In re application of
Marc R. Montminy
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The required fees are calculated below:

<input checked="" type="checkbox"/>		Notice of Appeal Fee	\$320.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:		\$400.00
<input checked="" type="checkbox"/>	Extension Already Obtained for first month:		(\$110.00)
		FEE TOTAL:	\$610.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$305.00
		TOTAL FEE:	\$305.00

☒ Please charge Deposit Account No. 50-0872 in the amount of \$305.00 . A duplicate copy of this transmittal is enclosed.

☐ A check in the amount of _____ is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 5/15/02

By Stephen E. Reiter

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